296 W. Monroe st.
City

THE

Medical Examiner.

A Semi-Monthly Journal of Medical Sciences.

No. 22. CHICAGO, NOVEMBER 15, 1872. VOL. XIII.

CONTENTS.

Original Communications—

Mercy Hospital; Service of Professor J. H. Hollister..... 338

Clinical Reports—

Clinical Cases in the Medical Wards of Mercy Hospital; Service of Professor N. S. Davis..... 339

Editorial—

The American Medical Association 343

Gleanings from Our Exchanges—

Poisoning by Phosphorus Cured by Turpentine; Advertising Specialists; Anchylosis of the Inferior Maxilla Cured by the Formation of a False Joint on each side..... 342

Ergotine as a Hæmostatic. By C. H. Boardman, M. D .. 345

Electricity in the Treatment of Malignant Tumors 346

Treatment of so-called Uræmic Convulsions..... 347

Use of Electricity in the Removal of Tumors; On the early Diagnosis of Typhoid Fever 348

Dry Gangrene following the Use of Carbolic Acid; Dry Earth in Surgery; Surgical Affections of Adolescents; A Substitute for Quinine 349

Death from Ether; Galvanic Treatment of Bed-Sores and Indolent Ulcers 350

New Method of Treating Small-Pox and Typhoid Fever; Bullock's Blood; Medical Rank in the Navy; Harmless Hair Dye..... 351

Guarana in Sick Headache; Recurring Tonsilitis; Hare-Lip 352

Book Reviews..... 353

TERMS.—Yearly Subscriptions, Three Dollars, in advance. Single Numbers Fifteen Cents.

All Communications should be addressed to Publishers MEDICAL EXAMINER, 797 Wabash Av., Chicago.

Bellevue Place.

Private Institution for the CARE AND TREATMENT of INSANE FEMALES.

Address,

R. J. PATTERSON, M. D.,

BATAVIA, ILL.

RELIABLE

VACCINE VIRUS

CAN BE OBTAINED OF

Dr. S. A. McWILLIAMS

125 18th Street, Chicago.

ESTABLISHED 1852.

E. H. SARGENT,

Manufacturing Chemist,

formerly Corner State and Randolph Streets

785 Wabash Avenue, corner 16th Street.

Offers to the Profession a full line of Surgical Instruments, Silk Stockings, etc.

Dr. Squibb's Pure Chemicals and Preparations.

Sugar Coated Pills of H. C. Archibald & Co., Philadelphia. Pure, Reliable, and beautifully made.

Fluid Extracts of Lazell, Marsh & Gardiner, N. Y. Strictly Officinal and always perfectly reliable.

Ritter's Celebrated Trusses, Philadelphia.

Marvin's Cod Liver Oil, in full pints.

The Divided Medicine Co.'s Preparations, in gelatine wafers.

All the above goods at Manufacturers' prices. Orders by mail promptly attended to, if accompanied by the money or Post Office order.

CODMAN & SHURTLEFF'S
APPARATUSES FOR
Atomization of Liquids for Inhalation, Local Anæsthesia, &c.

☞ By the Atomizer any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air cells, thus opening a new era in the treatment of all diseases of the Throat and Lungs.

THE COMPLETE STEAM ATOMIZER FOR INHALATION, &c.

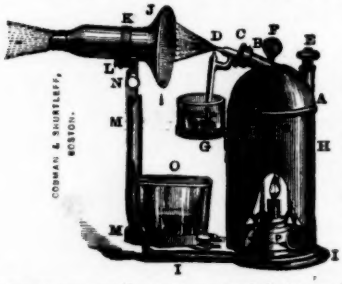


FIG. 15. THE COMPLETE STEAM ATOMIZER.

The waste-cup, medicament-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.

It cannot be injured by exhaustion of water, or any attainable pressure of steam.

It does not throw spirts of hot water to frighten and scald the patient.

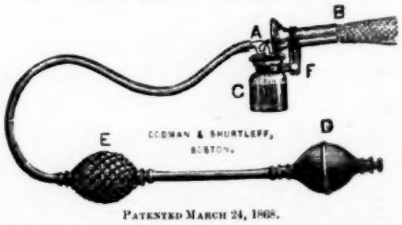
Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will tender the best of service for many years, and is cheap in the best sense of the word. Price $6.

Brass Parts, Nickel-Plated, additional, $2.50.

Neatly made, strong, Black Walnut Box, with convenient handle, additional, $2.50.

FIG. 5. SHURTLEFF'S ATOMIZING APPARATUS.



PATENTED MARCH 24, 1868.

For Inhalation, and, with suitable Tubes, for Local Anæsthesia, and for making direct local applications of atomized liquids for a great variety of purposes. [See our Pamphlet.]

The most desirable Hand Apparatus.

Rubber warranted of very best quality. Valves imperishable, every one carefully fitted to its seat, and work perfectly in all positions.

The Bulbs are adapted to all the Tubes made by us for Local Anæsthesia in Surgical Operations, Teeth Extraction, and for Inhalation. Price $4.00.

Each of the above Apparatuses is supplied with two carefully made annealed glass Atomizing Tubes, and accompanied with directions for use. Every Steam Apparatus is tested with steam, at very high pressure. Each Apparatus is carefully packed for transportation, and warranted perfect. Also,

Double-Bulb Atomizer, No. 5 (without Face Shield), with two Glass Tubes $3.50

THE BOSTON ATOMIZER, with two glass atomizing tubes ... 2.50

THE TREMONT ATOMIZER, with two glass atomizing tubes.. 2.00

Glass Atomizing Tubes, to fit any of our Apparatus, warranted perfect, each 25

NICKEL PLATED TUBES, for Local Anæsthesia and for Inhalation, each ..... .75 to 2.00

RHIGOLENE, for Local Anæsthesia, best quality, packed..... 1.00

NASAL DOUCHE, for Treating Diseases of the Nasal Cavity, eight different varieties, each with two Nozzles, packed, ... $1.20, 1.50, 1.75, 2.00, 2.50 and 3.50

N. B.—To save collection expenses, funds should be sent with the order, either in form of draft, P. O. order, or registered letter.

☞ For complete illustrated price list of Apparatus, Tubes, &c., see pamphlet.

Will be sent by mail (post-paid) on application,

A PAMPHLET

Containing two articles, by distinguished foreign authority, on "*Inhalation of Atomized Liquids*," with formulæ of those successfully employed. Also an article by Dr. J. L. W. THUDICHUM, M.R.C.P., on "*A New Mode of Treating Diseases of the Nasal Cavity*," with his formulæ. Also an illustrated description of the *best apparatus* for the above purposes, and for producing LOCAL ANÆSTHESIA by Atomization with Ether, by the method of DR. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. BIGELOW, in the Boston Medical and Surgical Journal of April 19, 1866.

All our Atomizing Apparatus are made with the utmost care, with a view to its complete efficiency, convenience and durability, and every one is warranted. A Gold Medal has lately been awarded us by the Middlesex Mechanics' Association for Atomizing and Surgical Instruments, as will be seen by the following report, signed by a leading New England Surgeon and Physician:

"**1503.** CODMAN & SHURTLEFF, Boston, Mass. One case Surgical Instruments and Atomizers.

"The Committee have no hesitation in awarding for this superb exhibition the highest premium. * * The various other instruments for Inhalation of Atomized Liquids, and for Local Anæsthesia, were all apparently faultless, both in design and workmanship. The exhibitors are regarded as more especially deserving of the highest token of merit for having produced nothing except of their own manufacture. *Gold Medal.*

(Signed) GILMAN KIMBALL, M. D., *Chairman.*

Also by the Massachusetts Charitable Mechanics' Association —Exhibition of 1869—A SILVER MEDAL, the highest medal awarded for Surgical Instruments.

ALSO FOR SALE:

†Cammann's Stethoscope's, Disarticulating	$7.00
*Knight's Modification	9.50
Brown's Universal Tractors, each	.50
Bigelow's Polypus Forceps.	
" " Needle.	
" " Tourniquet.	
Beach's Needle Forceps.	
Warren's Uterine Diagnosticator.	
Simple Throat Mirrors	1.00
Ophthalmoscopes, Leibreich's	4.00 to 6.00
Holt's Dilator, improved	20.00
Barnes's Dilator, set of three, with Inflator and Stopcocks,	5.00
Large Ear Mirrors, Troltsches	3.50 to 5.00
Hypodermic Syringes	3.00 to 14.00
*Miller's Intra-Uterine-Scarificator, in case (post-paid)	7.00
Pinkham's Improved Uterine Scarificator, in case	8.00
Lente's Intra-Uterine Caustic Instruments	1.25 to 3.50
Sponge Tents, plain and carbolized, each	.25
*Dr. Cutter's Retroversion and other Pessaries	3.00
French Rubber Urinals, with valves, male, for night or day,	6.00
" " " male, day only	2.50 to 4.00
" " " female, "	3.00
Vaccine Virus, warranted, 10 quills	1.50
1 Crust	3.00
*Vaccinators, Whittemore's Patent Automatic, for Crust or Lymph fresh from the arm—instantaneous, certain and almost painless (post-paid)	3.00
Powder Syringes	2.00
Laryngoscopes, complete	16.00 to 30.00
*Dr. Oliver's Laryngscopic Lantern	4.00
The same with Auto-Laryngoscopic Attachment	5.00
The same with ditto and three large Laryngoscopic Mirrors in case	9.00
*Dr. H. R. Storer's Combined Speculum	6.00
Galiffe's Electro-medical Apparatus	15.00

**Send for Descriptive Circular.*

Apparatus for Paracentesis Thoracis, approved by Dr. Bowditch and accompanied with directions kindly furnished by him.

☞ *Instruments made to order, Sharpened, Polished and Repaired*

CODMAN & SHURTLEFF,

Makers and Importers of Surgical and Dental Instruments,

13 & 15 TREMONT ST.,

BOSTON.

Our Atomizers and other Apparatus are for sale by **BLISS & TORREY**, Importers and Dealers in Surgical Instruments Co., **25 MARKET STREET, CHICAGO.**

Original Communications.

MERCY HOSPITAL.

SERVICE OF PROF. J. H. HOLLISTER.

Catarrhal Inflammations, with Clinical Remarks upon a Case of Chronic Laryngitis.

GENTLEMEN: — You will have observed, in passing through the wards of the hospital, that a large number of cases have presented themselves, in which the patients are suffering from what are familiarly known as *malarial diseases.* Among them we find, in different degrees of intensity, and in different stages of progress, the usual forms of intermittent, remittent, and bilious affections. But as the season advances, we shall note a marked change in this respect. We shall, indeed, have serious complications to treat, and some of them of grave character, as the *sequalæ* of these diseases; but the fresh and typical forms of malarial diseases will soon cease to present themselves for treatment for the balance of the current year.

Two other forms of disease will now come more prominently to your notice, and require a large share of your attention. They are incident to the season of the year upon which we now enter, and such is their importance, such, often, their gravity, that in the present course of instruction, they will receive at our hands very critical attention. The diseases to which I refer are the various manifestations of catarrhal inflammation and rheumatism. And as you will be called to study a variety of catarrhal affections, as different patients are presented, I wish to premise a few general remarks, upon the causes, pathology, and treatment of catarrh in general.

Catarrhal inflammation involves only mucous membranes; but wheresoever these are found, there the disease may be manifested. It consists in a *hyperæmia* of that structure, rendering it swollen and soft, and increasing very greatly the secretions from the free surface, of a mucous, viscid in character and rich in corpuscles.

The persons most liable to this disease are sometimes plethoric and of full habit — others of anæmic condition, and predisposed to local inflammation; the first most frequently being affected in the respiratory tract, the latter in the intestinal or vaginal membranes. Persons with thin and delicate skin, and inclined to perspire freely, are most liable to be affected.

There is a very marked tendency to the re-development of catarrhal diseases in parts that have been formerly affected; and their repetitions may be inaugurated by causes so slight as to render the parts almost continually the subjects of disease; so that, when treated successfully, and the patient seems cured, a repetition may bring the agravations which attended former attacks, much to the discouragement of both patient and physician.

The *causes* which produce catarrhal inflammation are various, and they need to be accurately recognized before we can treat them understandingly. We have many cases of catarrh arising from venous obstruction, preventing the flow of blood *from* the membrane. For instance, the pressure of the gravid uterus may so impede the circulation as to produce severe vaginal catarrh. Portal congestion may, and often does, produce severe intestinal catarrh; and any impediment to the return of blood from the lungs may produce the very marked development of pulmonary catarrh.

The most frequent causes of catarrh, however, are such as ordinarily induce local inflammation, such as the presence and irritation of foreign substances, as from the inhalation of dust, gases, and irritating vapors. Another fruitful source of catarrh is the subjection of the body to sudden and severe changes of temperature, either by undue exposure, or by untimely changes of clothing. Some of the eruptive diseases develop serious catarrhal affections; as in the case of measles. So, too, excessive use or exercise of parts often produces the disease; as from shouting, singing, or speaking in the open air. This affection is also often propagated from diseased parts to healthy ones in close proximity; as when, by excessive use of alcohol, the fauces are inflamed, we often

have laryngitis in extreme severity: witness the hoarse cough and altered voice, and the rough breathing of the confirmed debauchee.

I have said that catarrh was dependent upon a hyperæmic condition of the mucous membrane, when, as in the case before us, the larynx is involved. To get an accurate conception of the patient's condition, it is quite essential that we inspect the parts by the aid of the *laryngiscope*, the instrument which I now have in hand, and to the method of using which, I now invite your attention. * * * The importance of thus examining the tissues during the life-time of the patient, arises from the fact that such is the elasticity of the tissues involved, that they are emptied of blood almost as soon as the circulation ceases, and fail almost entirely to represent that engorgement of the parts which is always present, while the circulation is yet active. If we inspect the tissues in cases of extreme severity, and which terminated suddenly, we shall find the membrane studded with spots of ecchymosis, giving it a mottled appearance; and this will be permanent, as it is produced by extravasation of blood.

Parts which are frequently subjected to catarrhal inflammation, have also marked involvement of the sub-mucous tissue. They become permanently thickened and hardened; and so firm may be the deposit, that re-absorption is accomplished very slowly, at least. The deposit has resemblance of condensed connective tissue, and partakes in a measure of the color of the ecchymosed patches. In fact, it is as really *hypertrophy* of that tissue, as may occur in muscular, or any other.

Usually, catarrhal inflammations must be acute and extensive, to produce severe constitutional disturbance; and so long as only local disease is developed, we shall hardly ever anticipate fatal result. Extensive acute pulmonary catarrh may perhaps seem an exception to this rule.

Treatment: We are to seek, first, the prevention of disease. To this end, patients should be so much accustomed to the ordinary temperatures, and to the fresh air, as to gain a tolerance of ordinary exposure. Clothing should only meet the absolute needs of *comfort*, and must vary with the conditions of patients; above all, sudden changes of clothing, whereby extreme variances of protection are effected, are *ever and always* to be avoided. The different parts of the body should be so clothed as to afford uniform protection. Mufflers upon the necks are often supplemented by bare knees — but this indicates a want of brains somewhere. Many little patients suffer by undue exposure in the night-hours, from being able, with a single throw, to bare themselves of all clothing. Another extreme may easily be reached by dressing *too warmly*, and thus by inducing free perspiration, predisposing to "colds."

When the disease can be traced to specific exposures, or causes, these, whenever practicable, should be promptly removed or avoided; as in laryngeal catarrh, rest from singing, speaking, etc., may be all that is needed to afford relief.

In cases of recent acute attack, whatever tends to equalize the circulation, and especially to establish free and general perspiration, will tend to mitigate the symptoms.

The Turkish-bath, warm-baths — various processes and appliances by which free perspiration is induced, are very efficacious.

Opium in some instances, especially associated with ipecac, as in Dover's powder, is given with benefit. Caution is always to be used in administering this remedy to children.

Pulmonary catarrhs, in chronic form, are often relieved by the judicious use of stimulating expectorants, the excessive engorgement being relieved by the increased mucous secretion. Other membranes are often benefitted by the application of stimulation to their surfaces, as by lotions, and injections, by which parts too relaxed are stimulated to a normal tonicity. In all those cases where the trouble is dependent upon constitutional debility, very little benefit can be derived from topical application, till the general condition of the patient has been improved.

Gentlemen: With these brief remarks upon the subject of catarrh in general, I bring to your notice, in the patient before us, a case

of *chronic laryngitis*. We have here no constitutional disturbance. The circulation and the secretions are nearly natural. The patient suffers little pain, and his strength is sufficient. But you note his labored inspirations — his inability to speak above a whisper — and his extremely hoarse cough. With auscultation and percussion we note the absence of pulmonary complication. We find by examination that the disease is *local*, confined to the larynx. The case is clearly inflammation of the laryngeal mucous membrane, involving the glottis and vocal cords. The history of the patient shows that this is not the first attack. He is predisposed, upon exposure, to laryngitis. By occupation a sailor, in the recent stress of weather he met just that exposure calculated to develop the disease. The affection has passed through its acute stage without febrile disturbance; he being affected with *pain* upon deglutition; a severe cough; aphonia, and extreme dyspnœa.

It remains, now, to treat the secondary symptoms of laryngitis. If there were ulceration, we should seek to hasten the healing by stimulating applications, as by the throwing of powders upon the affected parts, by the use of small tubes charged with medicines, and expelled by the force of air upon the affected parts, or by the application of liquid stimulants, applied by means of the probang, as recommended by Dr. Greene; or, as later and more effectually, by the inhalation of atomized liquids, in the form of spray. But we have here no evidence of ulceration. Again, if there were evidence of syphilitic taint, we might be required to address ourselves at once to constitutional treatment; but happily we have none of this. We are left, therefore, to the treatment, of a simple, uncomplicated case of chronic laryngitis.

We have here to wait the absorption of effused plastis lymph by which the sub-mucous tissue has been thickened and hardened. We are to favor this by keeping the patient *warm*, and free from sudden changes.

The vocal organs are to be kept absolutely at rest. Opium, in the form of Dover's powder, will be given at bed-time to control the cough, and the patient instructed to abstain from coughing to the utmost extent; as his will has much to do in ensuring quietude of the parts.

A pill of hydrarg. prot. iodide, one-fourth gr. will also be given each night at bed-time. A mixture of equal parts of syrupi-scillæ comp. and syrupi-glycyrrhiza, say of each ℥ ii., to which will be added of ammoniæ mur. ℥ ss., and of tinct. sanguinaria canadensis ℥ ss. Of this mixture we direct a teaspoonful three times a day, with a view to restore the function of secretion now suspended. We direct that the surface of the neck over the larynx be irritated by dressings of croton oil, and, daily, the inhalation of the vapor of water, containing five grs. of crystal carbolic acid to the ounce, by means of the steam atomizer.

We shall anticipate in a few days the re-establishment of the normal mucous secretion, and the disappearance of cough and dyspnœa, as absorption of the effused lymph is accomplished, and with this the natural use again of the vocal organs.

Clinical Reports.

CLINICAL CASES IN THE MEDICAL WARDS OF THE MERCY HOSPITAL.

SERVICE OF PROF. N. S. DAVIS.

Reported by D., Nov. 1, 1872.

Typho-Malarial Fever: The patient was a male, aged 23 years, who had had several paroxyms of intermittent fever during the latter part of August and the month of September, in consequence of which he had become pale and somewhat debilitated, but was recovering until about two weeks since. He was then attacked with a chill, followed by a paroxysm of fever, which abated after a few hours, but has not since entirely disappeared. He says he took some quinine and other medicines, but instead of having the progress of the fever interrupted, it was only modified in its progress. There were no distinct repetitions of the chill, but a paleness and sense of weakness each day, during the morning hours,

with increased heat, quickness of pulse, headache, restlessness, and general febrile symptoms during the afternoon and evening; and in all parts of the day and night, a swimming, unsteady feeling in the head when in the upright position; dryness of the lips and mouth; tongue covered with a dirty, white coat; pulse 100 per minute; abdomen moderately full and tympanitic; bowels relaxed; and the mind dull. He had no appetite, and only moderate thirst. The professor remarked that the patient had been in the hospital only four or five days, and was affected by a mixed grade of fever. The early history of the case, together with the existing paleness of skin, and exacerbating character of the febrile phenomena, show the existence of a malarious influence; while the dullness of mind, dryness of lips and mouth, sense of giddiness in the head, together with symptoms of diarrhœa and abdominal tympanites, clearly indicate a typhoid condition and tendency. In other words, the case has become one of typho-malarial fever, of moderate severity. It was remarked that this mixed grade of fever had been very prevalent in the city from the early part of August to the present time. While in the surrounding country districts purely malarious or periodical fevers have been unusually prevalent. Many of the typho-malarial cases in the city have commenced with such distinct chills and exascerbations of fever, as to lead the patient and practitioner both to regard them as simple malarious cases, and to confidently expect their full interruption by antiperiodics. In a few, the deception has been increased by an interruption of the paroxysms for two or three days after the first induction of the effects of quinine so fully that the patients have gotten up, and supposed themselves convalescent. Yet there has remained with them a dull, unnatural feeling in the head; a dry or gummy feeling in the mouth; obscure achings in the back and limbs, especially in the afternoon, with indifference to food; and after a period ranging from three to five days, the face would become suffused with redness; the lips dry; the tongue coated; more dullness, swiming and pain in the head; and more general derangement of secretions. The pulse from 100 to 110, and temperature from 100° to 103° in the afternoon, but so much less as to constitute a remission in the morning. From this time on, every day generally adds to the predominence of the typhoid symptoms, and some of the cases run a protracted course of from four to six weeks. If, when the fever returns, after the first apparent interruption by quinine, that remedy be again resorted to, and the doses increased, with the expectation of again arresting, at once, the further progress of the case, it generally produces no other effect than to stupify the sensibility of the patient, and add to the giddiness and confusion in the head. The method of treatment which the professor has found most beneficial in these cases, when called to them in the early stage, has been, rest; a bland, simple diet; milk-whey for drink; sponging the surface with luke-warm water, when hot and dry in the afternoon; and the exhibition of a mixture of carbolic acid, gelsemin, and camphorated tincture of opium, in moderate doses, to counteract the typhoid elements, and moderate anti-periodic doses of quinine in the morning remission to destroy malarious influence. Four or five days since, when the present patient was admitted to the hospital, he was ordered the following prescriptions:

℞	Carbolic acid crystals,	6 grs.
	Glycerine (pure),	℥ ss.
	Tinct. gelsemin,	℥ iii.
	Camph. tinct. opii.,	℥ iss.
	Aqua,	℥ iss.

Mix. Give one teaspoonful every four hours.

℞	Sulph. quinine,	24 grs.
	Hydg. chlorid. mite.,	3 grs.
	Pulv. liquorice root,	6 grs.

Mix. Divide into six powders, and give one at six and ten o'clock each morning.

He has continued these medicines steadily until the present time, and with a gradual improvement in all the febrile symptoms. He was directed to continue the carbolic acid solution every six hours, and to take only one powder of the quinine each morning. The

Professor remarked that this case would probably require no other treatment except the gradual withdrawal of his present medicines, as convalescence became established, and the allowance of a more liberal diet.

When cases of this mixed fever assume greater severity, and, after the second week, present more prominent typhoid symptoms, the treatment must be more fully that which is adapted to the advanced stage of idiopathic typhoid fever.

Progressive Locomotor Ataxy, following Malarious Fever: This patient is a male, about 22 years of age; laborer; and native of Ireland. This history showed that he had been attacked with intermittent fever during the latter part of August, which was interrupted by antiperiodics, but returned at irregular intervals up to the time of his admission into the hospital, about one week since.

Seeing him first in bed, and learning that he had been affected with chronic ague, he was ordered moderate doses of quinine and iron, with simple but nourishing diet. Three days passed without the recurrence of chills or fever, but at each visit he complained of an unusual giddiness in his head, and what he called weakness in his limbs.

On scrutinizing more closely the past history and present condition of the patient, it was ascertained that the feeling of unsteadiness in his head, and a gradually increasing difficulty in walking, had existed during the last three or four weeks. The Professor first called the attention of the class to the general aspect of the patient, and then to his mode of walking. He was pale, or anemic; moderately emaciated; pulse 85 per minute; respiration natural; tongue clean; moderate appetite; bowels nearly natural; but a constant dull pain and sense of swimming in the head. On attempting to walk the length of the ward, his head was poised in a certain position, his step hesitating and unsteady, his gait reeling or staggering, in spite of his efforts to the contrary, and his getting up and sitting down peculiarly careful and unsteady. He could not get up from his chair quick, or walk far without danger of falling.

The symptoms were closely analagous to those of progressive locomotor ataxy, more especially as regarded the muscular movements. There was present, however, no marked alterations of sensibility in any part of the cutaneous surface, nor derangements of vision. In regard to the special pathology of the case, it was remarked that the patient's blood had become spanemic or impoverished by the protracted influence of malaria; and this, acting in conjunction with other less appreciable causes, had led to the impairment of the nutrition of the spinal cord, and its junction with the crura cerebri and cerebelli, thereby inducing both the unpleasant feeling in the head and the impaired co-ordination of muscular movements. The case might be regarded, therefore, as one of incipient progressive locomotor ataxy, but not so far advanced as to preclude the idea of recovery. The indications for treatment were stated briefly, to consist in efforts to restore a healthier condition of the blood, by increasing its nutritive elements and red corpuscles, and in exciting a more active nutrition of the cerebro-spinal nervous system. The best means for fulfilling these indications, so far as the Professor's experience can be relied on, are, good air; a nutritious but easily digested diet, consisting largely of light bread and milk tenderly cooked meats, and fresh vegetables very moderate exercise, always followed by rest, in the recumbent position; and the persistent use, internally, of the phosphatic tonics, of which the best is a mixture of the extract of malt, two parts, with one of the compound syrup of hypophosphites, given in doses of from two to three drachms, at each meal time. If the patient is free from any influence of malaria, and his bowels regular, he will not be benefitted by any additional medicine. But if, as in the present case, the patient has had recent paroxysms of intermittent fever, it will be desirable to give a pill of two or three grains of quinine every morning. Or if the bowels are costive, a pill containing one grain each of extract of hyosciamus, sulphate of iron, and pulverized gum aloes, may be given at bed time. The present case was put on the use of the extract

of malt and compound syrup of hypophosphites, with one moderate dose of quinine each morning. A few days since, the attention of the class had been called to a case presenting many of the symptoms of spinal atrophy, complicated with occasional paroxysms of epilepsy. He was put on the treatment here indicated, with the addition of one dose of twenty grains of the bromide of potassa at bed time each night.

Another case was alluded to, which had been treated in the hospital about one year since, and in which all the characteristic symptoms of progressive locomotor ataxy were strongly developed. The power of coordination of muscular movements was so impaired that for several weeks the patient could not walk or maintain the upright position without assistance. He was treated with quinine, iron and strychnine for many weeks, aided by good food, frictions, and some use of electro-magnetism, but with very little improvement. He was then put on the use of the extract of malt and hypophosphites, plain, nutritious food, and allowed to rest. After some time he began to gain gradually, and in about four months had so far recovered that he walked well, and left the hospital in fair health.

Poisoning by Phosphorus; Cure by Turpentine, by Dr. Vito Giuseppe, of Marco.—The case was that of a woman aged 40, who had swallowed, fasting, with the intention of suicide, an infusion in which a package of ninety matches had been placed. The author, called two hours after ingestion of the poison, observed the following symptoms: Pain, most intense at the epigastrium, facies abdominalis, filiform pulse, respiration very frequent, etc. He administered an emetic at once, then a gramme (15 grs.) of essence of turpentine. The sypmptoms soon amended but the patient was seized with a severe diarrhœa and passed a large quantity of urine. In two days she had recovered.

The author thinks that the turpentine acted in this case as a diuretic and purgative in favoring the elimination of the phosphorus; he rejects the theory of Personne (preventive to the combustion of phosphorus).—*Il Morgagni Giornale No.* 34, 1872.—*The Clinic.*

It is said that 180 German-educated physicians arrive monthly in New York.

Advertising Specialists.—The Michigan State Medical Society has adopted a resolution favoring the insertion of the advertisement of the cards of physicians and specialists in the secular papers. Although nothing more is allowed than the mention of the name, specialty, and office address, we fail to see how the public can, in the majority of instances, draw the line between legitimate medicine and quackery. This provision is evidently for the benefit of the specialists in the State, and especially for such as have not proved their competency to their legitimate judges—the profession at large. Physicians, as a class, are discriminative enough to judge whether or not a specialist, so-called, is to be trusted with their patients, and sensible patients are very apt to ask their family medical advisers before consulting strangers. It is by such recommendations that specialism has thriven, and competent practitioners in in any particular branch have never wanted patients when they have proved themselves worthy of them. If a specialist wishes to advertise himself as such, let him convince the profession of his qualifications by suitable contributions to medical journals, and by original investigations in his particular branch. If we step aside from this rule, and endorse such brazen individuals who can advertise themselves in no other way than by the insertion of their cards in the medical journals or secular papers, we rob legitimate specialism of its well-deserved laurels, and encourage every misguided and presumptuous pretender who may desire to trade upon our charity, or upon the public's credulity.—*Boston Medical and Surgical Journal.*

Anchylosis of the Inferior Maxilla Cured by the Formation of a False Joint on each Side (G. Maas: *Arch. f. Klin. Chirurgie*, xiii., B. 3, H.). — A man, 27 years old, had had in his seventh year an attack of scarlatina, which left him with an inflammation of the maxillary articulation on both sides, which was followed by complete anchylosis. Both the inferior and superior maxillary bones had suffered in consequence an arrest of development. Middledorpf exercised on one side, and subsequenely Fischer on the other, a wedge-shaped piece from the inferior maxilla, the base of the wedge being downwards, according to Esmarch. The mobility had remained perfect at the time of the report, four months after the operation. — *Phil. Times*, Oct. 12, '72.

Wiesbaden has been selected as the seat of the next session of the German Medical Congress.

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, November 15th, 1872.

EDITORIAL.

THE AMERICAN MEDICAL ASSOCIATION.

In a previous number of the EXAMINER we alluded to the gratifying fact that several of those medical journals which had found most fault with the practical workings of the American Medical Association, had, at last, ventured to make suggestions for its improvement; and we promised to give the same a candid examination. Those suggested by the New York *Medical Record* were copied in full in our last issue. They were briefly: *First*, to exclude reporters for the daily secular press from the annual meetings; *Second*, to have the same delegates elected by the State and local societies from year to year; *Third*, to abandon the publication of an annual volume of transactions; and, *Fourth*, to have all the important work of the Association done by "large committees fairly chosen."

The first of these suggestions is worthy of a careful consideration. The practice which has been carried out more fully for the last ten years, of allowing the indiscriminate attendance of ordinary newspaper reporters, with their common habit of giving an exaggerated or sensational coloring to whatever would be most likely to attract the attention of their non-professional readers, coupled with their entire neglect of the more scientific and important part of the work of each meeting, has certainly served each year to place unduly prominent before the public every question of an ethical or merely miscellaneous character, and thereby create a false impression on the public mind. The meeting at San Francisco affords a good illustration of this fact. During the four days that the Association was in session in that city, the discussions concerning the constitutional amendment, and collateral questions involving the rights of women in the profession, occupied an aggregate of about *three* hours. Yet the almost universal impression created throughout the country by the newspaper reports, was that most of the time occupied by the Association in that city was spent in "wrangling about women." Such always will be the result, if ordinary reporters, themselves ignorant of everything pertaining to medicine, are allowed to attend and report freely the miscellaneous doings of the morning sessions, and entirely neglect the more important work of the sections in the afternoon. But the mere exclusion of newspaper reporters, without providing some substitute, would be productive of inconveniences that would be felt by almost every member. It is very desirable that an abstract of the doings of each day should be before the members on the following morning. It not only affords opportunity for correcting errors, but it facilitates in many ways the transaction of business. We have thought that, if the committee of arrangements were instructed to employ, at the expense of the Association, one thoroughly skilful professional reporter for the morning sessions, and one for each of the organized sections in the afternoon, and have them act in such concert, under one leader, that the result of their united labor would appear in a printed slip early each morning—printing a sufficient number of copies to supply not only the members of the Association, but also the editors of medical periodicals, and such local newspapers as choose to use them—it might greatly advance the interests of the Association. Such a plan, by including a fair abstract of all the facts and discussions elicited by the papers and reports presented in the several sections, would not only avoid the false and one-sided coloring given to the doings of each meeting by the present method, but it would also furnish a most valuable addition to the matter in our transactions. To render the plan efficient, the committe of arrangements should also

provide a committee of one or two competent physicians to read and revise the proofs as furnished by the reporters. It will be remembered, that at the last annual meeting a proposition was made and referred to a special committee, to give the permanent secretary a salary of $1,000 per annum. We suggest that considerably less than half this sum, annually, would enable the committee of arrangements for each meeting to employ the necessary corps of reporters and committee for revision of proofs, and furnish for each member, every morning, a simple slip or sheet containing a complete abstract of the doings of the previous day, in all the departments of the Association. If so, it would lighten the labor of the Secretary, whose traveling, postage and stationary expenses are already provided for, and would be a much more profitable investment of the funds than in the creation of a salaried officer. Will our friend of the *Medical Record* aid us in perfecting and securing the adoption of such a plan at the next meeting?

The second proposition, that State and local societies should elect the same delegates to represent them several successive years, that they may become more familiar with the rules and modes of transacting business in the Association, is a good one; but it is a matter so completely within the control of the local societies, that we need make no further comments on it in this connection.

The third proposition, which is to abandon totally the publication of an annual volume of transactions, is, to say the least, of doubtful propriety. It is true that most of the valuable reports and papers read to the Association might be published in the various medical periodicals, and in separate monographs, and thereby, perhaps, reach a larger number of readers than if issued in a volume together. It is also true that some worthless matter finds its way into almost every volume of transactions. But we cannot agree with our cotemporary, that these volumes are so utterly worthless as he represents. We have a complete set of them, and must acknowledge that there is not one which does not contain matter of very great practical value, and that, too, sufficient to repay the careful reader ten times its cost. We fear those editors who speak so disparagingly of the transactions have, themselves, taken the trouble to read but very few of their pages. We would not favor the abolition of the transactions. We are quite sure they might be reduced in size, and much increased in value, if the system of reporting we have suggested were adopted, and the several sections would strictly follow, in the disposal of the reports and papers presented, the present rules and ordinances adopted for their guidance. And if each medical journal in the country would publish these rules two or three months before each annual meeting, and urge upon their readers the necessity of strictly complying with them in their action upon reports and papers, they would do more good than by all the editorial grumbling that has been indulged in during the last ten years.

The fourth proposition of the *Record*, is to have all the important work of the Association done by *large committees, fairly chosen.* The editor does not tell us *how large* he would have each committee; how many he would have; or how he would secure their being "fairly chosen." The proposition is hardly definite enough to enable us to judge of its practicability. We doubt whether it is possible to devise a series of large committees that would be as efficient in practical work, as the present sections, if the organization and duties of the latter were better understood, and the rules adopted for their government better observed. If the committee of arrangements for the next meeting in St. Louis, will take the trouble to read the constitution and by-laws, so far as relates to the sections, and provide each one with a suitable room that can be found, to meet in, and the several medical periodicals will early call the attention of their readers to the necessity of complying with the regulations adopted for governing the sections, by publishing them, there will be little occasion for criticising the results of their work.

THE Michigan Medical Society admits female practitioners to its membership.

Gleanings from Our Exchanges.

ERGOTINE AS A HÆMOSTATIC.

BY C. H. BOARDMAN, M.D.

An article in a recent number of *Ranking's Abstract* upon the use of Ergot as a hæmostatic, having attracted my attention, I determined to avail myself of the first suitable opportunity for testing its virtues.

The case reported to which reference has been made, was one of severe pulmonary hæmorrhage. The blood flow was almost instantaneously checked, and its subsequent return prevented by the hypodermic administration of Ergotine, after the failure of other more commonly used remedies.

I was called about the middle of last April to see a lady for whom my services in her approaching confinement had been some time previously engaged, and who was, at this date, at about the middle of the eighth month of term.

I was informed by my patient—who is a woman of fine physique, aged about 28, robust, and capable of great endurance, and who had given birth to three children, her previous labors presenting only the features of ordinary accouchments—that her health and general condition had been, up to this time, excellent, and that she had not been compelled to desist, even for an hour, from her usual domestic duties, which were somewhat onerous. A few weeks previously, however, she had noticed a very slight discharge of blood from the vagina, which would not have been remembered but that it had been followed shortly by another, until now she lost blood nearly every day, and that some of these manifestations were quite copious; sufficiently so to cause a little anxiety on her part, and even, she thought, to induce sensations of weakness or of faintness to a slight degree. They were very apt to follow any effort, however moderate, and often followed any persistence in maintaining an erect position. Hitherto the bleeding had readily yielded to rest in a recumbent posture, or to cold drinks, or to both; but now these means were no longer efficacious. When I first saw my patient at this time, she was lying down, pale, and quite faint; a hæmorrhage of about a half pint having ceased just before. An examination established the fact that a placenta prævia was to be dealt with, and stringent orders were enjoined, such as were appropriate to that condition. The administration of *Ol. Erigeron Philadelphicum* proved efficient for several days in checking the flow as soon as it showed a disposition to recur; and opium occasionally as a suppository both relieved the pelvic pains, now commencing, and also seemed to aid in suppressing the discharge. The beginning of the ninth month was reached thus in safety, and the bleeding seemed so fully under control, that I began to entertain hopes of my patient's accomplishing the full time. But she had found her enforced quietude very irksome, and believing that the hæmorrhage was now completely arrested, she yielded to her urgent desire to enter again upon some at least of her household duties.

Flowing commenced at once, and to a serious extent; former remedies were no longer useful, and I resorted to ergotine. Having no means for measuring it at hand, I poured about two drops into water, enough to render it sufficiently fluid for my purpose. Half of this was injected over the biceps, and in a few minutes, not more than five, the patient spoke of a giddy, throbbing sensation in her head, and the flow of blood ceased abruptly, and as completely as though a tampon had been used. From fifteen to eighteen hours later its threatened return was again as promptly checked; and for some ten days it was completely held in abeyance by this remedy occasionally administered, aided, of course, by absolute quiescence, suitable diet and other means appropriate as adjuvants. Thus for a period of nearly two weeks, the perils incident to this very grave condition were averted, and the patient brought safely to within a fortnight of her full time, where all other resources had failed, and where, but for the ergotine, she must have encountered greater dangers by so much as the enforced confinement might have anticipated the natural period for that event.

It may be said, in conclusion, that a week or ten days before uncomplicated labor would have occurred, hæmorrhage set in, so violent as to defy all efforts for its suppression; the os dilating, had torn away from quite a large segment of the placenta on the left side. The head presenting in the first position, after separating the placenta to a sufficient extent, the forceps were applied, my friend Dr. W. assisting, and the child quickly delivered. It was a male, very large and well developed, but completely asphyxiated by a double coil of the cord about its neck, so as to resist long and vigorous efforts for its resuscitation.

The mother, though reduced and exhausted by loss of blood, especially during labor, to such an extent that fears were entertained as to her recovery, reacted shortly, and pos-

sessing remarkable recuperative powers, was again engaged in her household duties in two weeks, and showed no trace of the dangers through which she had so recently passed.—*N. W. Med. and Surg. Jour.*, Nov. 1872.

St. Paul, Oct. 5, 1872.

ELECTRICITY IN THE TREATMENT OF MALIGNANT TUMORS.

Dr. J. S. C. Greene, in the Boston *Medical and Surgical Journal*, writes in reference to late statistics on this point:

Among the sarcomata reported are the two first tumors treated by electrolysis. Each was larger than an apple, and each was destroyed in fifteen minutes, at a single sitting. A sarcoma epulis as large as a pigeon's egg, was, in seven minutes, destroyed down to the bone. No fever, and but slight local reaction followed. On the thirteenth day, the tumor, with a small lamella of bone came away, and cicatrization was rapidly completed.

Of the cases of cancer, the majority were very extensive, some, indeed, quite hopeless. Of the whole number, however, thirteen were successfully operated on, two were discharged from hospital improved, and two without any improvement. Of these, one was a patient who refused to submit to a completion of the operation, because of the pain, anæsthesia having been but incompletely produced (no uncommon occurrence in Vienna operating theaters, a tacit confession of the distrust in which chloroform is regarded), and one died of incurrent disease during time of treatment. In the cases of the most extensive disease a very powerful current was employed, under anæsthetics, usually in a single sitting, with one re-application to suspicious spots. In other cases, anæsthetics were not employed; the current was used as strong as the patient could bear it, and the operation was protracted to four or six sittings of from fifteen to sixty minutes.

In a case of cancer of the rectum, involving the vicinity of the orifice externally, and extending upwards from the annus two inches, and sharply defined above, the patient suffered from pains so severe that even large doses of morphine injected subcutaneously could only temporarily palliate it. At the same time a most penetrating odor was disseminated. In the first sitting, the external part alone was attacked, and in forty-two minutes it was destroyed. No anæsthetic was used. The pain from this time became so much less, that the patient required no more opiates, and the offensive odor ceased to give further annoyance. The sloughs separated on the fifth day. Three days later the internal infiltration was submitted to treatment. The sloughs separated soon, and the general health of the patient improved so much, that in less than seven weeks from the date of the second operation, he was discharged, well. The subsequent history of this case is not given.

In three cases it was possible thoroughly to destroy carcinoma which was so intimately connected with the inferior maxilla, that, had it been operated on by the knife, resection of the bone would have been necessary. In another case of epithelial cancer of the lower lip, the swelling of the submaxillary glands of both sides, which were largely infiltrated, entirely disappeared after the destruction of the primary disease by electrolysis. The same phenomenon was observed and reported by Dr. Neftel, of New York, in a case of recurrent cancer of the breast, which had been previously twice removed by excision.

It is worthy of note that neoplasmata have been frequently observed to grow much more rapidly under the stimulus of too weak a current, which had been employed with the intention of destroying them.

These may serve as illustrations of some of the advantages of electrolysis as a means of operation. Besides, it should be observed that there is complete absence of loss of blood, and of all reaction due to such loss. Indeed, as a means of arresting bleeding from an artery which is inaccessible to ligatures, nothing can be neater than to pierce the vessel with a needle, just above the bleeding point, the needle being connected with the positive pole of a battery, the negative pole, being, of course, also brought into connection with the body near by.

So free from risk is the application of electrolysis, that Benedict reports a case in which he introduced a long needle into a fibroid tumor of the uterus through the abdominal walls: no general reaction followed, and the local reaction was quite insignificant. So completely free from all formidable features is it, if performed under ether, that electrolysis may be employed, even if only as a paliative operation, in many cases, where it can at least afford relief from painful and distressing symptoms, and render a prolonged life supportable, when operation by the knife might be refused by the patient, or, indeed, might involve so many chances of an unfavorable result as to forbid the surgeon's advising it.

On the other hand, the expense of a bat-

tery fitted for electrloytic operations is not inconsiderable; such a battery is with difficulty transported; and with the batteries hitherto used the time which such operations require is relatively somewhat long. Perhaps still more powerful batteries, or the simultaneous use of more than one for different parts of a tumor, might obviate this last disadvantage.—*Phil. Med. Report.*

TREATMENT OF SO-CALLED URÆMIC CONVULSIONS.

Although we are, in general, no advocates of the wet-packing system of therapeutics, we have been struck by the propriety of its application as stated below, and feel inclined to adopt it.

In the *Philadelphia Medical Times* for Sept. 2, 1872, is a translation of an article by Jaquet, of Berlin, in which he speaks of the skin as the most available medium by which the system may be freed of the convulsion-producing agent, whatever it may be; thus, accepting the uræmic theory, with or without Frerichs' supposed carbonate of ammonia metamorphosis, the skin is by far the best vicarious emunctory when the kidneys have been blocked up; or, accepting the theory of œdema of the brain, by no other route can we so promptly call the pressure of the blood away from the interior of the body, and get rid of its watery elements. Venesection scarcely reduces the bulk of the blood more rapidly, while it possesses the disadvantage of leaving the patient in a more hydræmic condition than it found her.

On these points there is scarcely room for a difference of opinion. The important quession is, how can we best produce the requisite diaphoresis? Jaquet resorts to the wet-packing, as employed by Preissnitz, in the following manner:

He takes a woolen blanket, which should be at least seven feet long by six wide, so that the entire body can be completely enveloped. Spreading this out upon an ordinary bed, a sheet of the same size is laid upon it, the sheet having previously been wrung out of cold water, 72 deg. F. The patient is laid upon this and wrapped in the sheet, and then firmly enveloped in the blanket. The head remains free, and is enveloped with a bladder of ice or a cold compress. The chest must not be constricted, but it will be well to keep the legs close together. If labor-pains have already begun, and especially if dilitation of the os uteri be well advanced, it will be necessary to wrap the legs separately, so that we need not unwrap the body for the delivery, which latter, if it should cause a sudden suppression of the perspiration, would readily renew or increase the convulsions. The effects of this wrapping are as follows: during the first two to five minutes, the blood recedes from the periphery to the interior of the body, the skin appearing pale. Ten minutes afterwards a delightful warmth sets in, and the skin having reacted from the impression of the temporary cold, becomes intensely red. After an hour the secretion of sweat begins, without being preceded by any unpleasant feeling of heat or congestion of the head, such as we commonly observe in perspiring in a dry medium. The absence of this phenomenon during the employment of wet wrappings is explained by the fact that water is a better conductor of heat than air, and therefore prevents an unpleasant accumulation of heat in the body. The perspiration now lasts as long as the patient remains wrapped up, being most profuse during the first three or four hours, and then gradually diminishing. The convulsive seizures diminish in number and intensity very soon after the breaking out of the sweat. The loud snoring between the paroxysms ceases, and the patient falls into a quiet sleep. The activity of the uterine contractions continues undisturbed, and hence we can allow the patient to retain her wrappings until delivery is accomplished. Of course the use of wrappings does not interfere with the employment of other remedies of known power, such as chloroform by inhalation.

On account of the restlessness of the parturient woman, and the impossibility of keeping her covered, at the moment of delivery, at least, the method of producing profuse diaphoresis by wet-packing seems to be the only efficient one at our command. In uræmic convulsions from other causes, there are other means perhaps equally efficient. Thus, in the present number of the *Journal*, a case is reported by Dr. Stille where convulsions of this class came on, apparently the result of acute œdema of the brain rather than of retained urinary elements, and in which the happiest results were produced by the conjoined use of chloroform and the hot air bath, both the convulsions and the coma rapidly disappearing as soon as the perspiration became free. The hot-air bath spoken of is applied by raising the coverings slightly from the patient, and tucking them well in around sides of bed, so as to form a sort of tent; a large alcohol lamp is then burned under the flange of a large tin funnel, the nozzle of which is long, bent at a right angle,

and opens within the tent of bedclothes. The amount of vapor of water generated by chemical combination in the burning of the alcohol is sufficient to render the hot air moist and pleasant, and thus adds to its diaphoretic power. When well applied, there is almost no limit to the sweat which can be made to pour from the body by this method.

A short time ago we heard of a popular remedy, new to us, but perhaps familiar to our readers. It was called a "corn-sweat," and consisted in immersing about a bushel of ears of corn in boiling water; when well soaked they were removed, wrapped in cloths and packed all around the patient. The amount of heat and moisture that the ears are capable of containing is sufficient to keep up quite a prolonged effect, and seems to answer the indication almost, or quite, as well as the more elegant methods by the wet blanket or the lamp and hot-air pipe.—*N. W. Med. and Surg. Journal.*

Drs. Beard & Rockwell, in a report on the experimental use of electricity in the *Amer. Practitioner*, remark as follows in regard to its use in the removal of tumors:

Of tumors, ten cases were treated, as follows: two cases of scirrhus in the breast, one of epithelioma of the lip, two of uterine fibroid, four of goitre, and one of cystic tumor. The goitres were all reduced in size more or less by the use of the needles; but none have yet been entirely cured, although some of them have been treated with great perseverance and by all varieties of applications, by catalyzation — that is, by external applications with sponges, by one needle, or by many needles — with and without ether, and by ether spray. Goitres do not rapidly disappear under electrolyzation. In many cases, like fibroids and other tumors, they grow smaller under the treatment up to a certain point, when they hang fire, and will not budge an inch further.

It is, of course, possible to destroy any tumor that is accessible by electrolysis, provided that a sufficiently strong current be used, and sufficient time be given to it; but then the question must always arise whether the disease, or the remedy is most to be dreaded. For malignant growths the choice is easy. For benign, painless growths, like small goitres, it is a question whether they are worth the pain and annoyance of an operation of any kind.

The method of working up the base.—The epithelioma of the lower lip was destroyed, root and branch, by a method of electrolyzation that we have recently employed, and which we call, *working up the base.* This method consists in inserting the needles around the tumor, and partly into the healthy tissue, so as to undermine the former, and cut off all communication between it and the healthy tissue. This method is followed by complete sloughing of the growth, granulations, and healing. The usual and accepted method of electrolyzation, is to insert the needles directly into the tumor.

This method of working up the base, or undermining the tumor, has the advantage that it is more thorough, since it makes sure of the complete destruction of the growth; that it is shorter, since it wastes no time on the body of the tumor, which really is of no consequence if it be separated from the healthy tissues; and that it insures a more satisfactory healing.

On the Early Diagnosis of Typhoid Fever.—Dr. P.W. Latham, Cambridge (*Atlanta Med. and Surg. Jour.* from *London Lancet*, June, 1872) in a clinical lecture on the subject, remarks as follows:

"From the information the thermometer gives me, I fully endorse the following statement: 'The physician who judges of fever cases without taking note of the temperature, is like a blind man trying to find his way. With much practice and great intelligence, the blind man may succeed; but he will more frequently fail, and always do, only with great difficulty and unsatisfactorily, what to him who sees, requires no effort.

"Let me show you how far this is true. During the first four or five days, the general symptoms which may then, as I told you, accompany the disease—viz., the rigor, the languor and feebleness, headache, epistaxis, giddiness, pain in the back and aching of the limbs, the appearance of the tongue, the state of the bowels, the condition of the urine, etc.—may not be very distinct, or any of these morbid symptoms may be entirely absent. In a considerable number of cases, in fact, it would be impossible for you to say, without usiug the thermometer, whether the patient were suffering from typhoid fever or not. But the thermometric course of the disease at this time, unless it supervenes on some other malady, is very regular; and by taking the temperature at eight A. M., and at six P. M., for three days, the presence of typhoid fever may be decided. On the other hand, one single observation may, with very great probability, negative the existence of the disease.

"The following is the formula (from Wunderlich) of this initial stage:

	MORNING.	EVENING.
First day,	98.6° F.	100.4° F.
Second day,	99.4° F.	101.4° F.
Third day,	100.4° F.	102.6° F.
Fourth day,	101.6° F.	104° F.

"If, then, a person, previously quite well, feels uneasy, perhaps has a rigor, and in the evening we find his temperature about 100.4° or 101° F., falling the next morning about a degree, rising again in the evening, and approximately following the above course, the disease may be diagnosed with tolerable certainty."—*N. W. Med. and Surg. Jour.*

Dry Gangrene following the Use of Carbolic Acid.—M. Poncet, an *interne* of the Lyons Hospital, records in the *Bulletin de Therapeutique* (July 30th), a case which he considers rightly to convey a caution against the rash use of carbolic acid by non-professional persons. A girl, aged 13, had her fore-finger injured by a splinter of wood, which penetrated under the nail. The end of the finger was dipped in a bottle of solution of carbolic acid, and a compress soaked in the acid was applied. The next day the part had a greyish color, and was insensible; and when M. Olliver first saw her, a week afterwards, mortification had extended as far as the upper third of the second phalanx, and a line of demarkation was being formed. The finger assumed a mummified appearance, and separated on the thirty-fifth day. This occurrence suggested to M. Ollier the possibility of amputating fingers and toes by means of the application of carbolic acid; and experiments were accordingly made by M. Viennois on rabbits and fowls. The results showed that the application of carbolic acid was liable to be followed by toxic symptoms; but that these might be prevented by the application of a ligature. M. Olliver endeavored to put the plan into execution in a case of disease of the great toe, by plunging it for some minutes in a concentrated solution of carbolic acid; the thickness of the epidermis, however, prevented mortification from being produced. M. Poncet records also the case of a man aged 23, who, having wounded the end of one of his fingers, applied for ten days charpie impregnated with carbolic acid, and afterwards poultices. When he applied to M. Olliver, two months after the accident, the terminal phalanx was in a state of dry gangrene, and was removed a few days afterwards.—*Med. Reporter.*

Dry Earth in Surgery.—Dr. P. S. Conner, of Cincinnati, has been trying the earth treatment, as recommended by Dr. Addinell Hewson, with whom he agrees as to its beneficial effects in the following particulars:

1st. "The constant, universal testimony of patients submitted to the earth dressing, enables me to confirm Dr. H.'s statement, that 'the immediate, or primary, effect of the direct contact of the earth with the part at least cannot be considered irritating.'" "Cool and pleasant," is the constant answer of patients when asked how the application feels.

2d. The patients complain less of the pain naturally incident to the injury, than they do under the use of other dressings.

3d. As a deodorizer it cannot be too highly praised. In midsummer, the surgical wards of the Good Samaritan Hospital have been entirely freed from noxious odor by a careful attention to the proper application of the earth.

4th. That during the application of the earth dressing there is a marked absence of inflammatory redness around the wound. The granulations are very healthy, and free from any tendency to become large and flabby. Suppuration is certainly less than under the bran or water dressing; thus, it has been seen to diminish more than one-half in the first twenty-four hours after the substitution of the dry earth.

He uses yellow, clayey earth, dried and sifted, which should be made to cover the wound to a depth varying from one-fourth to one, or one and a half inches.—*The Clinic.*

Surgical Affections of Adolescents.—M. Gasselin, of Paris, offers the following formula for guidance in the selection of means of treatment in this class of persons. "The special, spontaneous surgical affections of young persons have a tendency to persist, increase or relapse, as long as the period of adolescence lasts; but these tendencies are lost as soon as adult age is reached." Thus, he says, ingrowing toe-nail will constantly recur up to the age of 23 or 24, but very rarely will do so after the 25th year. Ostitis, exostoses, and fibrous nasopharyngeal polypi, are cited as other examples of the same rule.—*N. W. Med. and Surg. Jour.*

A Substitute for Quinine.—The last number of the *Gazette Med. de Paris* (Sept. 21, '72), details a number of cases of intermittent fever treated by the carbazotate of ammonia. The results were as successful and as speedy as with the administration of quinia. The remedy is given in pills in the dose of two ctgr. a day.

Death from Ether (*Medical Record*, Oct. 1, 1872; by W. B. Dunning, M. D., Acting House Surgeon, Bellevue Hospital).—John Stockander, a German saddler, unmarried, sixty-eight years old, was admitted to Ward thirteen of Bellevue Hospital, on August 2, 1872, suffering from a fracture of left femur, just below the trochanter. The patient was treated by a Buck's Extension until August 20, when it was decided to apply a plaster of Paris splint. In order to make sufficient extension, and at the same time prevent the pain of the operation, ether was ordered to be administered. The administration of the anæsthetic was slowly and carefully made, and after perhaps ten minutes the patient was fully under its influence and the operation begun. A few turns of the plaster had been made, when the patient's breathing was observed to be rather frequent and gasping. The pulse was, however, full and regular. The thorax was compressed two or three times, and the patient's breathing again became normal. As these symptoms not rarely occur during etherization, they excited no special alarm. The ether was, however, withheld from the patient four or five minutes, his respiration and pulse being normal. As he then began, however, to move about, and his muscles were becoming rigid, the ether cone was again applied. In a minute or two, my assistant, who was giving the ether, observed the pupils to be dilating rapidly, and the breathing to cease. His heart was still beating, however. The ether cone was of course immediately removed, and artificial respiration was again used, and all the batteries obtainable in the hospital were put in operation in an effort to resuscitate the patient. His muscles occasionally responded by a spasmodic movement, but no breathing again occurred. The efforts at resuscitation were continued about forty minutes, until all response to the action of the battery had ceased.

Patient died about four P.M., and the autopsy was made at seven P.M. that same day, under direction of Dr. Delafield. Rigor mortis was marked. Blood was fluid. Brain and membranes neither anæmic nor congested. Trachea and larynx somewhat pale. Heart contained a little fluid blood, with a little atheroma at base of aortic valves. Lungs have old adhesions over both. Emphysema exists, and thickening of large bronchi. The lower lobe of right lung is œdematous, and its lower portion in a state of red hepatization. Rest of lung is normal and not congested. Liver is small and firm, containing a good deal of fluid blood. The other organs are normal.

The ether used was that made by Powers & Weightman. It has been examined by Dr. Squibb, of Brooklyn. He states that he "finds nothing in the character or quality of the ether to account for the death of the man, or even to aid in accounting for it." He adds, that in his "judgment the death of this patient is in no way attributable to either the quality of the ether, the quantity used, or the mode of administration, but that it is one of those accidents which, though of very rare occurrence under the careful use of ether, is inseparable from the condition of anæsthesia."

The quantity of ether used was about ℥ vj.

Galvanic Treatment of Bed-Sores and Indolent Ulcers.—Dr. Wm. A. Hammond recommends for indolent ulcers and bed-sores the galvanic treatment as first recommended by Crussel, of St. Petersburg. He says: "During the last six years I have employed it to a great extent in the treatment of bed-sores caused by diseases of the spinal cord, and with scarcely a failure; indeed, I may say without any failure, except in two cases where deep sinuses had formed, which could not be reached by the apparatus. A thin silver plate, no thicker than a sheet of paper, is cut to the exact size and shape of the bed-sore; a zinc plate of about the same size is connected with the silver by fine silver or copper wire, six or eight inches in length. The silver wire is placed in immediate contact with the bed-sore, and the zinc plate on some part of the skin above, a piece of chamois skin soaked in vinegar intervening. This must be kept moist, or there is little or no action of the battery. Within a few hours the effect is perceptible, and in a day or two the cure is complete, in a majority of cases. In a few instances a longer time is required. I have frequently seen bed-sores three or four inches in diameter, and a half inch deep, heal over in forty-eight hours. Mr. Spencer Wells states that he has often witnessed large ulcers covered with granulations within twenty-four hours, and completely filled up and cicatrization begun in forty-eight hours. During his recent visit to this country, I informed him of my experience, and he reiterated his opinion that it was the best of all methods for treating ulcers of indolent character and bed-sores.—*Pacific Med. and Surg. Journal.*

Dr. R. Angus Smith says that the air of houses should not contain carbonic acid enough to give a precipitate when a ten-ounce bottleful is shaken with half an ounce of clear lime-water.—*Med. Times.*

NEW METHOD OF TREATING SMALL-POX AND TYPHOID FEVER.—Dr. J. Heine has a long article on this subject in *Virchow's Archiv*. vol. 54. It is in the form of a letter to Virchow, and the treatment described in the paper is quite such as to warrant the author in designating his letter a "schismatic epistle." The treatment recommended is by the external application of solutions of corrosive sublimate, and he claims to have obtained great success by its means in small-pox, especially in petechial or hæmorrhagic small-pox, but also in confluent and other forms. He uses two solutions, one containing 25 and the other 50 grains of corrosive sublimate, in 18 ounces of water and 1 ounce of alcohol. The stronger solution he only uses in petechial small-pox, and continues its use only for a short period; the weaker is that generally employed. Pieces of clean-washed linen cloth are soaked in the solution, and laid in a double layer on various parts of the body alternately, the parts chiefly chosen being the upper or lower arm, the leg, breast, abdomen, neck; over the cloth waxed paper is laid in order to prevent evaporation. The average quantity of the weaker solution used in one case, and spread over several weeks, represented an amount of corrosive sublimate equal to 170 to 230 grm. (5½ to 7½ ounces.)

The author then gives his ideas as to the action of corrosive sublimate on the human body, and he claims for it four properties. 1. Its effect is unsurpassable in all wounds which have taken on a diphtheritic character. 2. It has a similarly powerful effect in causing absorption of all kinds of exudations in every part of the body. 3. It has an undeniable antipyæmic property which influences this disease up to a certain stage. 4. It has the power within 4 to 6 days of arresting or moderating fever symptoms, which depend on general infection of the blood or on local deposits. As showing the last of these properties, the author treats more in detail of the use of the sublimate in typhus abdominalis (typhoid fever), and he asserts that it is able in the initial or more advanced stages of the disease to cut short the fever in the course of 5 to 7 days. The records of four cases with the temperature curves are given, and the amount of corrosive sublimate used in these cases was in grains, 120, 100, 100, and 80, respectively. The solution used was 30 grains to the proportion of water and alcohol given above. The sublimate is sometimes followed by an alarming increase in the diarrhœa, but without tenesmus or hæmorrhage. Its beneficial influence, however, is soon evidenced by the change of the color of the stools from the usual pea-soup character to a saturated bilious color. The other effects of the sublimate as respects urine, nervous symptoms, etc., are also given. The author also claims for the corrosive sublimate a special influence on the action of the heart. The paper concludes with certain considerations as to the present position of medical science. —*Medical Reporter.*

BULLOCK'S BLOOD is now the fashionable remedy among the Parisians for anæmia and phthisis. It is said to be a curious sight to see the number of patients, of both sexes and all ranks and ages, who flock to the slaughter-house every morning to drink of the still foaming blood of oxen slaughtered for the table. The young ladies take it with great facility, and many say that they prefer it to cod liver oil. For the more fastidious, however, a pharmacein has prepared an extract of blood which is administered in the form of pills. Three grains of this extract is said to represent about half an ounce of pure blood. Many cases of anæmia have been cured by this blood treatment, and some phthisical patients greatly benefited, at least as much as they would have been under cod liver oil.

MEDICAL RANK IN THE NAVY.—The *Naval Register*, recently published, gives the following numbers and rank of the Medical Staff: 15 Medical Directors, with the relative rank of Captain; 15 Medical Directors, with the relative rank of Commander; 50 Surgeons, with the relative rank of Lieutenant-Commander; 25 Passed Assistant Surgeons, with the relative rank of Lieutenant; and 52 Assistant Surgeons, with the relative rank of Master.

Among the "volunteer officers" are 2 Acting Passed Assistant Surgeons, and 11 Acting Assistant Surgeons.—*Med. Times.*

DR. BROWN-SEQUARD having resigned the chair of Comparative and Experimental Physiology in the Parisian Faculty of Medicine, Dr. Vulpian has been appointed in his place. This makes a vacancy in the chair of Pathological Anatomy, which will probably be filled by the nomination of Dr. Charcot, the well-known physician of La Saltpetriere.—*Med. Times.*

THE retirement of Dr. J. M. Foltz, late Chief of Bureau of Medicine and Surgery, U. S. Navy, has placed Dr. J. C. Palmer in that position.—*Med. Times.*

HARMLESS hair-dye is made in Greece from green walnut burs (Juglans regia), by extracting with water and evaporating until the Regianic acid is precipitated as a black powder.

Guarana in Sick Headache.—It is the congestive forms of headache that guarana most frequently succeeds; thus it will sometimes relieve the throbbing headache of the man who "got exceedingly drunk yesterday," and whose "brain is still sticking to the ceiling," with startling rapidity. In such cases the action of the medicine may be seen, for the large injected conjunctival vessels become small by degrees and beautifully less as the drug is absorbed and the cephalalgia departs. This seems to suggest its action as being stimulant to the sympathetic system. If further trial prove this to be so, we must regard it as the opposite in action to the nitrite of amyl.—*Bradley—Brit. Med. Journal, June* 29, '72.

Recurring Tonsillitis.—Dr. Lewin, of Berlin, recommends the application of crystallized chromic acid to those cases of tonsillitis in which a chronic congestion exists, constantly liable on the least provocation, to blaze up into an acute attack. The acid causes ulceration of the tissue to which it is applied, and induration of the surrounding parts to such an extent as to compress the enlarged capillaries beyond the possibility of their subsequently taking on inflammatory hyperæmic action.

In acute painful conditions of these organs, he injects a morphine solution into their substance, and by so doing, greatly lessens the pain and difficulty of deglutition.—*N. W. Med. and Surg. Jour.*

Hare-Lip.—The recommendation has recently been revived, that, after the pins or sutures have been removed from a hare-lip which has been operated upon, collodion should be used to draw and keep the parts closely in apposition. Gauze, or a thin layer of cotton wadding, is saturated with collodion, and while the cheeks are pressed together, this is spread over the lip like a mustache. The contractile power of the collodion is sufficient to hold the newly healed parts together with a considerable degree of firmness; and the advantage is thus obtained, of being able to remove the sutures early, by the third or fourth day.—*N. W. Med. and Surg. Jour.*

The Augusta Medical College of Georgia has been made the Medical Department of the University of Georgia; a compliment well bestowed and fully merited.

In the third week of its present regular session, there were 205 students in the Louisville Medical College, in that city.

Book Reviews.

Ovarian Tumors. Their Pathology, Diagnosis and Treatment, especially by Ovariotomy. By E. Randolph Peaslee, M. D., LL. D., etc.; with fifty-six illustrations on wood. D. Appleton & Co., New York.

This is a volume of 538 pages, the first 222 pages being devoted to the normal and pathological anatomy of the ovaries, and the pathology, diagnosis, and treatment of ovarian tumors, excepting by ovariotomy. The remainder of the work is taken up exclusively with a full consideration of the subject of ovariotomy, including its history, statistics, practical details, and after treatment. The author aims to decide all practical questions by the aggregate experience of all ovariotomists up to the present time.

The Transactions of the American Medical Association. Vol. 23, 1872. Collins, 705 Jayne street, Philadelphia.

This comprises a volume of 750 pages, made up of the usual assortment of valuable and interesting reports and essays. A Nomenclature of Diseases, with the reports of the majority and of the minority of the committee thereon, forms an appendix of 94 pages at the end of the volume.

We acknowledge the receipt of Lindsay & Blakiston's "Physician's Visiting List" for 1873, the twenty-second year of its publication. We have always found it to be the most useful and convenient book of the kind published.

The Anatomy and Development of Rodent Ulcer: A Boylston Medical Prize Essay for 1872. By J. Collins Warren, M. D. Boston: Little, Brown & Co.

A monograph of 65 pages, with colored plates.

Treatment of Strictures of the Urethra by Laminaria Digitata and Galvanism. By Robert Newman, M. D. New York.

A paper read before the Medical Journal Association of New York.

A Clinical Analysis of the Inflammatory Affections of the Inner Ear. By H. Knapp, Surgeon to the New York Ophthalmic and Aural Institute. New York: Williams, Wood & Co., publishers. Pamphlet—73 pages.

"Absolutely the best protection against Fire."

Over 1200 actual Fires put out with it.

MORE THAN

$10,000,000.00

WORTH OF PROPERTY SAVED FROM THE FLAMES.

THE

BABCOCK

FIRE DEPARTMENTS in the principal Cities of the Union use them daily. They are Safe and Simple, and a powerful protection.

THE GOVERNMENT has adopted it. Forty-six RAILROADS use them. INSURANCE CO.'S reduce rates where it is introduced.

FIRE EXTINGUISHER

ALSO, THE

BABCOCK

Self-Acting Fire Engine,

FOR CITY, TOWN & VILLAGE USE.

It is more effective than the Steam Fire Engine, because it is instantaneously ready and throws a powerful stream of carbonic acid gas and water for any length of time.

It is the Best and Cheapest Fire Engine in the world, and comes within the financial abilities of every place.

It does not require an expensive system of water works, and is never out of repair. **Send for "THEIR RECORD."**

F. W. FARWELL, Sec'y,

78 Market Street, CHICAGO.

BLISS & TORREY,

Importers and Dealers in

Surgical Instruments,

DRUGGISTS' SUNDRIES, &c.,

25 MARKET ST.,

CHICAGO.

Sole Western Agents for the sale of

TIEMANN'S CELEBRATED

SURGICAL INSTRUMENTS,

Codman & Shurtleff's Atomizing Apparatus,

Crutches, Elastic Stockings, Bandages,

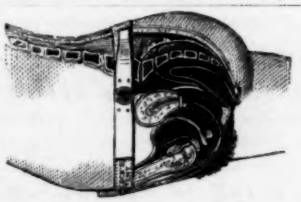
Trusses, Skeletons, Mannikins.

Deformity Instruments made to order.

SEND FOR PRICE LISTS.

BLISS & TORREY, Agents,

25 Market Street, Chicago.



A side view of the Female Pelvis, showing the application of DR. BABCOCK'S UTERINE SUPPORTER, holding the Prolapsed Uterus up in its place without interfering with any other organ, or producing any irritation or inconvenience in wearing.

DR. L. A. BABCOCK,

Inventor, Manufacturer and Sole Proprietor,

—Dr. L. A. Babcock's pure silver Uterine Supporter is the best instrument now in use for any displacement of the womb, because it is perfectly simple in its structure and made to fit the parts exactly. It has no straps or strings to hold it in its place, and does not have to be taken off every time there is a movement of the bowels, or micturition. It has no rubber to bend by the natural action of the body, or to chafe and irritate the parts, producing Leucorrhœal discharge and weakness.

PARKE, DAVIS & CO.'S

MEDICINAL

Fluid & Solid Extracts,

SOLUBLE

SUGAR-COATED PILLS,

Concentrations, Elixirs, Wines and Syrups,

CHEMICALS, &c., &c.

Are offered to the Profession as preparations upon which they may rely for Uniform and Standard Strength.

OUR FLUID EXTRACTS

Are prepared without the use of heat, and will certainly recommend themselves when impartially tested. Made of standard strength and by our own superior process, they will always produce a specific effect in the dose as given. In thus offering uniform and reliable Fluid Extracts, we ask the interest and influence of Physicians in introducing them.

OUR SUGAR-COATED PILLS

Cannot be excelled in beauty, regularity, solubility or therapeutical efficiency in the United States.

OUR SOLID EXTRACTS

Are concentrated at a low degree of heat and will equal in appearance or value any imported.

OUR CONCENTRATIONS

Are the combined or isolated active principles of the medicinal plants, and are issued in a finely powdered and permanent form.

OUR LIST OF ELIXIRS, ETC.,

Comprise all the popular formulæ for those elegant preparations known to the profession.

☞ A dose list will be sent gratis on *application by Mail.*

The above preparations are sold by all Wholesale Druggists throughout the United States.

Depot in Chicago, E. BURNHAM & SON.
St. Louis, A. A. MELLIER.
Cincinnati, J. S. BURDSAL & CO.
New York, HALLETT, SEAVER & BURBANK.

PARKE, DAVIS & CO.,

SUCCESSORS TO

Parke, Jennings & Co.,

MANUFACTURING CHEMISTS,

DETROIT, MICH.

D. R. DYCHE & CO.,

Importers and Dealers in

Surgical Instruments,

TRUSSES, SHOULDER BRACES,

Elastic Stockings, Galvanic Batteries,

CRUTCHES, BANDAGES, &c., &c.

183 WEST MADISON STREET,

(CORNER HALSTED,)

CHICAGO.

We respectfully call the attention of Physicians and Surgeons to the above, and will say that our Surgical Instruments are from the best makers in this country and Europe. We offer them at prices which cannot fail to please. Price List sent on application. Instruments and appliances for deformities made to order.

D. R. DYCHE & CO., Druggists,
183 W. Madison St., cor. Halsted, Chicago.

NOW READY!

THE

Chicago Medical Register & Directory

For 1872-3.

Published under the revision of the following Committee:

Dr. J. W. Freer, President Rush Medical College.
" N. S. Davis, " Chicago Medical College.
" W. H. Byford, " Woman's Hospital Medical College.
" G. C. Paoli, " Chicago Medical College.
" D. B. Trimble, " C. Asso. of Physicians & Surgeons.
" D. W. Young, " Illinois State Medical Society.

Edited by—Dr. T. Davis Fitch, Permanent Sec'y Illinois State Medical Society. 296 West Monroe Street.
Dr. Norman Bridge, 267 West Monroe Street.

It describes the character, object, and field of operations of the

HOSPITALS, INFIRMARIES,

Dispensaries, Charitable Institutions and Asylums of the entire State of Illinois. Also, the **Medical and other Scientific Societies and Associations,** with full lists of membership.

It contains, also, **Announcements of the Schools of Medicine and Pharmacy.**

Full directions are given respecting the means of reaching and obtaining the benefits of these various institutions. Full information is given to medical students regarding the colleges, their location, the curriculum of studies, the fees and requirements for graduation. There is given a **List of Physicians,** in good standing, in Chicago and vicinity, and in the larger towns of the State, with **residence, office, and office hours;** also a **List of Dentists,** regularly graduated as D. D. S. or M. D., or who are members of a Dental Society; also, a **List of Veterinary Surgeons,** who are regularly educated; also a **List of Regularly Constituted Druggists.**

The REGISTER AND DIRECTORY will be mailed free of postage on receipt of $2.00.

Address "MEDICAL REGISTER,"
296 W. Monroe St., Chicago, Ill.